

General Assembly

Substitute Bill No. 299

January Session, 2009

_____SB002991NS___022709____

AN ACT EXPANDING HEALTH INSURANCE COVERAGE FOR ROUTINE PATIENT CARE COSTS FOR CLINICAL TRIAL PATIENTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (Effective January 1, 2010) Each individual health insurance policy providing coverage of the type specified in 2 3 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general 4 statutes delivered, issued for delivery, renewed, amended or 5 continued in this state shall provide coverage for the routine patient 6 care costs associated with clinical trials for the treatment of serious or life-threatening diseases. As used in this section, (1) "clinical trial for 7 8 the treatment of serious or life-threatening diseases" means an 9 organized, systematic, scientific study of therapies, tests or other 10 clinical interventions for purposes of treatment or palliation or therapeutic intervention for the prevention of serious or life-11 12 threatening diseases in human beings, other than a cancer clinical trial 13 in accordance with sections 38a-504a to 38a-504g, inclusive, of the 14 general statutes, and (2) "routine patient care costs" means (A) 15 coverage for medically necessary health care services that are incurred 16 as a result of the treatment being provided to the insured person for 17 purposes of such clinical trial that would otherwise be covered if such 18 services were not rendered pursuant to such clinical trial. Such services 19 shall include those rendered by a physician, diagnostic or laboratory 20 tests, hospitalization or other services provided to the patient during the course of treatment in such clinical trial for a condition, or one of its complications, that are consistent with the usual and customary standard of care and would be covered if the insured person were not enrolled in such clinical trial; and (B) coverage for routine patient care costs incurred for drugs provided to the insured person, in accordance with section 38a-492b of the general statutes, as amended by this act, provided such drugs have been approved for sale by the federal Food and Drug Administration.

Sec. 2. (NEW) (Effective January 1, 2010) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for the routine patient care costs associated with clinical trials for the treatment of serious or life-threatening diseases. As used in this section, (1) "clinical trial for the treatment of serious or life-threatening diseases" means an organized, systematic, scientific study of therapies, tests or other clinical interventions for purposes of treatment or palliation or therapeutic intervention for the prevention of serious or life-threatening diseases in human beings, other than a cancer clinical trial in accordance with sections 38a-542a to 38a-542g, inclusive, of the general statutes, and (2) "routine patient care costs" means (A) coverage for medically necessary health care services that are incurred as a result of the treatment being provided to the insured person for purposes of such clinical trial that would otherwise be covered if such services were not rendered pursuant to such clinical trial. Such services shall include those rendered by a physician, diagnostic or laboratory tests, hospitalization or other services provided to the patient during the course of treatment in such clinical trial for a condition, or one of its complications, that are consistent with the usual and customary standard of care and would be covered if the insured person were not enrolled in such clinical trial; and (B) coverage for routine patient care costs incurred for drugs provided to the insured person, in accordance with section 38a-518b of the general statutes, as amended by this act, provided such drugs have been

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- 55 approved for sale by the federal Food and Drug Administration.
- Sec. 3. Section 38a-492b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):
- 58 (a) Each individual health insurance policy delivered, issued for 59 delivery, [or] renewed, amended or continued in this state [on or after 60 October 1, 1994, which that provides coverage for prescribed drugs 61 approved by the federal Food and Drug Administration for treatment 62 of certain types of cancer shall not exclude coverage of any such drug 63 on the basis that such drug has been prescribed for the treatment of a 64 type of cancer for which the drug has not been approved by the federal 65 Food and Drug Administration, provided the drug is recognized for 66 treatment of the specific type of cancer for which the drug has been 67 prescribed in one of the following established reference compendia: (1) 68 The U.S. Pharmacopoeia Drug Information Guide for the Health Care 69 Professional (USP DI); (2) The American Medical Association's Drug 70 Evaluations (AMA DE); or (3) The American Society of Hospital 71 Pharmacists' American Hospital Formulary Service Drug Information 72 (AHFS-DI).
 - (b) Nothing in subsection (a) of this section shall be construed to require coverage for any experimental or investigational drugs or any drug which the federal Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed.
- (c) [Nothing] Except as provided in section 1 of this act, nothing in this section shall be construed to create, impair, limit or modify authority to provide reimbursement for drugs used in the treatment of any other disease or condition.
- Sec. 4. Section 38a-518b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):
- 84 (a) Each group health insurance policy delivered, issued for delivery, [or] renewed, amended or continued in this state [on or after

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- 86 October 1, 1994, which that provides coverage for prescribed drugs 87 approved by the federal Food and Drug Administration for treatment 88 of certain types of cancer shall not exclude coverage of any such drug 89 on the basis that such drug has been prescribed for the treatment of a 90 type of cancer for which the drug has not been approved by the federal 91 Food and Drug Administration, provided the drug is recognized for 92 treatment of the specific type of cancer for which the drug has been 93 prescribed in one of the following established reference compendia: (1) 94 The U.S. Pharmacopoeia Drug Information Guide for the Health Care 95 Professional (USP DI); (2) The American Medical Association's Drug 96 Evaluations (AMA DE); or (3) The American Society of Hospital 97 Pharmacists' American Hospital Formulary Service Drug Information 98 (AHFS-DI).
 - (b) Nothing in subsection (a) of this section shall be construed to require coverage for any experimental or investigational drugs or any drug which the federal Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed.
 - (c) [Nothing] Except as provided in section 2 of this act, nothing in this section shall be construed to create, impair, limit or modify authority to provide reimbursement for drugs used in the treatment of any other disease or condition.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2010	New section
Sec. 2	January 1, 2010	New section
Sec. 3	January 1, 2010	38a-492b
Sec. 4	January 1, 2010	38a-518b

Statement of Legislative Commissioners:

In sections 1 and 2, the comma after "cancer clinical trial" was moved to after "human beings" for statutory consistency.

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Joint Favorable Subst.-LCO